

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746896

FILED
Mar 29, 2009
Secretary of State

Entity Name: MIAKKA COMMUNITY CLUB, INC.

Current Principal Place of Business:

15800 WILSON RD.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

15800 WILSON RD.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 59-2719320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYECH, BECKY L
421 VERNA ROAD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HOMNER, BARBARA
Address: 1816 OLD MIAKKA RD
City-St-Zip: SARASOTA, FL 34240

Title: VPD () Delete
Name: HOWARD, ROBERT
Address: 2357 APPALOOSA CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: ROWE, BETH
Address: 15202 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34240

Title: PD () Delete
Name: LANDER, WALTER
Address: 1146 LENA LN
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GRANDBOUCHE, JANE
Address: 4610 HIDDEN RIVER ROAD
City-St-Zip: SARASOTA, FL 34240

Title: PD (X) Change () Addition
Name: AYECH, BECKY
Address: 421 VERNA ROAD
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA G HOMNER

TD

03/29/2009

Electronic Signature of Signing Officer or Director

Date